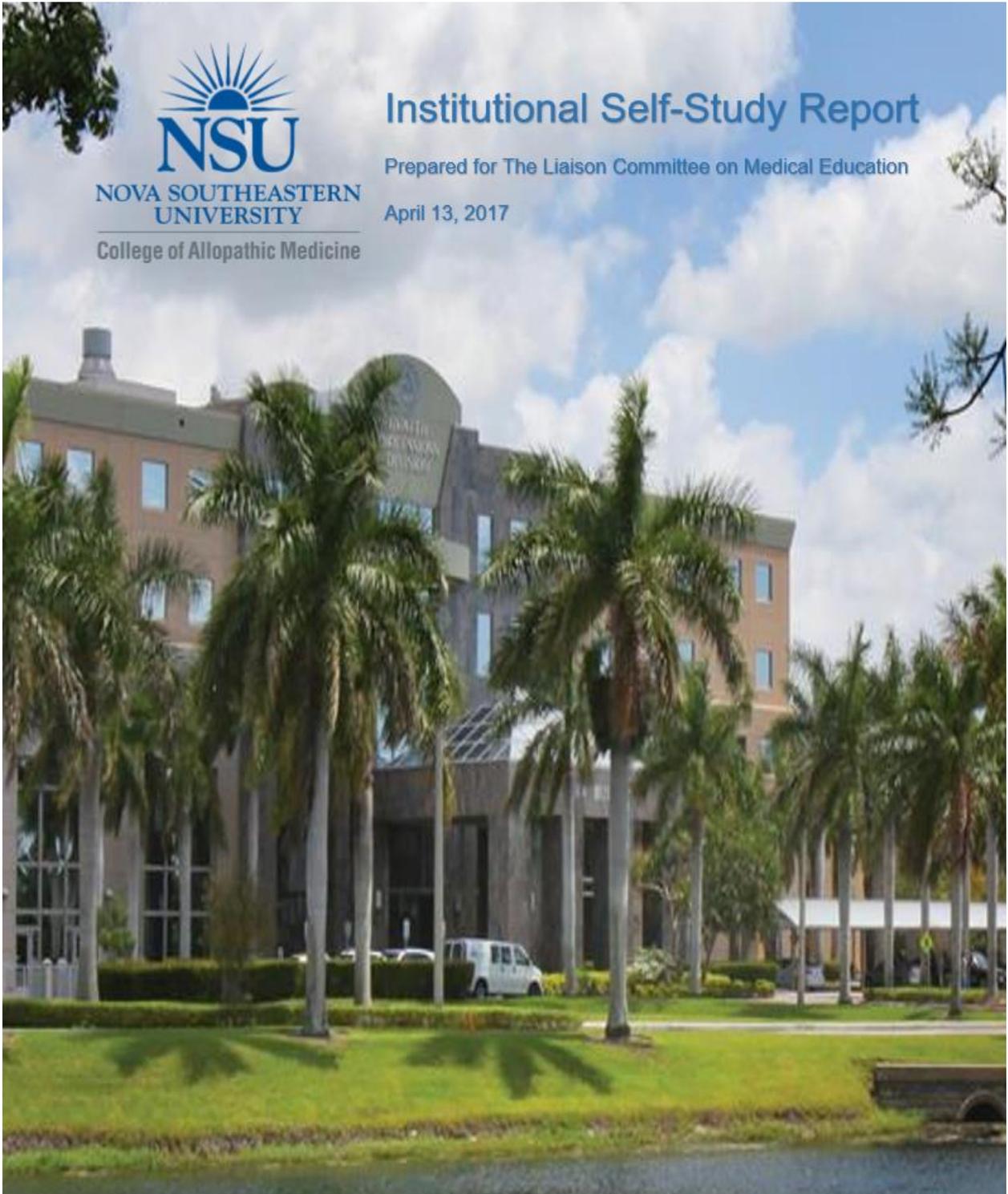




Institutional Self-Study Report

Prepared for The Liaison Committee on Medical Education

April 13, 2017



INSTITUTIONAL PLANNING SELF STUDY (LCME)

INTRODUCTION TO SUMMARY REPORT/HISTORY OF NSU

Nova Southeastern University (NSU) is located on a 314-acre campus in the Fort Lauderdale/Davie area in Broward County, Florida. The university was chartered in 1964 as an independent, private, not-for-profit university. NSU has a current enrollment of 23,000 students. Additionally, there are regional campuses in Miami-Kendall, Palm Beach, Fort Myers, Tampa, Orlando, Miramar, and Jacksonville, Florida, and a regional campus in San Juan, Puerto Rico. As a life sciences-focused university, NSU has accumulated an impressive portfolio in biomedical research, health education, and applied health services.

NSU has a distributed model of higher education, and offers a comprehensive portfolio of undergraduate, graduate and professional degrees through 18 Colleges, schools, and centers, including Arts, Humanities, and Social Sciences; Psychology; Business and Entrepreneurship; Human Development; Education; Engineering and Computing; Honor's College; Law; Natural Sciences and Oceanography; and a University School (Pre-K-12 prep school). There are eight health professions Colleges at NSU, organized into the HPD of the university: Allopathic Medicine (CAM or the College), Dental Medicine, Health Care Sciences, Medical Sciences, Nursing, Optometry, Osteopathic Medicine, and Pharmacy.

NSU is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and has numerous additional professional accreditations. Significantly, NSU has a Carnegie Foundation Community Engagement Classification and meets the US Department of Education's criteria as an Hispanic-serving Institution.

THE COLLEGE OF ALLOPATHIC MEDICINE

In 2010, the NSU president, senior members of the faculty and community advocates nurtured a vision to establish a four-year allopathic medical school that would complement NSU's comprehensive educational portfolio in health education and health service.

Timeline and Milestones

- February 2012: A university needs-assessment concludes that “a new MD degree-awarding medical school would most appropriately fit into NSU's vision and mission and will add educational opportunities for students and improve health care through the education of highly skilled, culturally competent physicians.”
- September 2013: NSU and the Hospital Corporation of America (HCA), East Florida Division announce a partnership. HCA agrees to construct an acute-care hospital to be a teaching and research facility integrated with NSU's clinics, which would also serve as a venue for MD students to receive clinical training. This hospital will be located on NSU's campus in Ft. Lauderdale/Davie.
- April 2015: The NSU Board of Trustees authorizes planning for a new four-year allopathic College at the main campus.
- July 2015: The NSU president notifies the SACSCOC and the National Association of Independent Colleges and Universities (NAICU) of NSU's plans to create an allopathic medical school in Broward County in south Florida.
- February 2016: Following a national search, Johannes W. Vieweg, MD, FACS, is appointed as the Founding Dean to the NSU CAM.

- March 2016: An administrative judge approves HCA’s “certificate of need” application for construction of a 200-bed acute care hospital on the NSU campus. The new hospital will relocate beds from Plantation General Hospital and will serve the surrounding community, functioning as a teaching and research hospital integrated with NSU’s research centers and clinical trial programs. Dr. Vieweg begins recruiting his executive staff.
- July 2016: A Curriculum Committee (CC) is constituted with educational experts on campus.
- August 2016: Dean Vieweg contacts the LCME Secretariat and discusses the College’s planning, governance and resources with the goal of achieving preliminary accreditation in 2018.
- September 2016: The NSU Center for Collaborative Research (CCR) opens on the NSU main campus. This 215,000-square-foot building will house the College’s research faculty involved in studies on cardiovascular disease, anti-cancer therapies, chronic fatigue syndrome, autism, and regenerative medicine, among other areas of concentration.
- October 2016: The NSU president and Dean Vieweg commence planning for constructing a 200,000+ square foot academic medical education building and providing medical simulation resources.
- February 2017: The CAM receives “applicant” status from LCME and requests a consultation visit from the Secretariat. An affiliation agreement is signed with HCA to provide core clerkships and elective rotations for students.
- March 2017: The AAMC Secretariat meets with leadership, faculty and administrators to provide a consultative review of the planning efforts at the CAM.
- April 2017: The College submits required documentation to the LCME for review at the June meeting and awaits notice that a site visit by a survey team of peer educators will be granted in Fall 2017, with the hope of receiving permission to enroll the charter class of 50 matriculating students in August 2018.

According to the US Census Bureau, Florida is the nation’s third-most populous state with an estimated 21 million residents. Particularly, the South Florida metropolitan area, including Broward, Miami-Dade, and Palm Beach counties, has become the eighth-most populated region in the US, exceeding six million, with a growth rate of approximately 800 new residents per day. Despite recent advances in improving health delivery, in establishing new medical schools, and emergence as a global medical tourism destination, Florida’s healthcare system is facing major challenges as the demand for physicians is outpacing the current supply. Therefore, extending both undergraduate and graduate medical education through a well-coordinated approach with a strong clinical partner is necessary to meet the medical work force needs of the state.

INSTITUTIONAL PLANNING

Institutional planning efforts, to date, are highly focused on welcoming a charter class to the College in August, 2018. All activities are on target, including the development and adoption of the College’s mission and vision statements and design for most of the pre-clerkship curriculum along with plans for faculty recruitment, facilities renovation and faculty governance. An institutional self-study steering committee, with participation by members of the university, faculty, staff and the community, was charged in October 2016. It was chaired by Dr. Paula S. Wales, the executive associate dean for academic and student affairs (EADASA). Twelve (12) self-study task force subcommittees were formed following the accreditation standards. Some consolidation of subcommittees occurred as the self-study process progressed. The roster of participants is appended.

Since May, 2016, when the founding dean's team of administrators, personally recruited and selected by the dean, began arriving at the College offices in the Terry Building on the NSU campus, the daily work of planning has continued at an efficient pace due to the dean's early involvement and guidance. Key positions on the dean's staff were filled first, including hires for curriculum management and accreditation. Accordingly, the earliest planning activities included the crafting of institutional mission statements based on the dean's vision and creating the framework for the innovative, integrated problem-based learning curriculum.

The College's original business plan, formulated in February 2015, presented a nimble organizational model that has been expanded and modified to support the dean's workplan and provide *pro forma* financials for the first decade of operations. The first measurable outcomes from this plan were to envision and build the broad administrative and creative support necessary for the tasks of curriculum design and achieving accreditation. This has been successfully accomplished. Planning for the shared and core faculty model and the integration of faculty contributions to research and scholarship were also at the heart of these complementary goals. Not only will there be solid, scientific and pedagogical research with provisions for innovative service, cutting-edge clinical practice and the provision of experienced content expertise, there is also the culture of collaborative effort, together with a developing appreciation of the unique requirements for the curriculum and the goals of accreditation. The efficiency of the team's activities has produced thoughtful, well-considered results directed at achieving preliminary accreditation in time to welcome a charter class in August, 2018.

Faculty content experts from the College of Medical Sciences (CMS) have designed the pre-clerkship basic science curriculum, following a framework derived during their early task of formulating competencies and learning objectives. The pre-clerkship clinical curriculum and threads have been designed by faculty from other NSU Colleges and the community. The pre-clerkship curriculum will be uploaded to the eMedley curriculum management system by staff in the dean's office. The simultaneous completion of the accreditation DCI has insured that consideration of LCME standards are embedded in all planning activities. Under the guidance of the dean's team, which includes senior faculty leaders, an assistant dean for quality, and an accreditation expert, all with full-time effort, the required accreditation documents for submission have been thoroughly vetted. Pre-determined accreditation milestones, established through the planning activities, have been achieved for an April submission of all documents.

Continuous quality improvement is embedded in the charge to the planning team to ensure the College's progress toward strategic planning goals. Resources are sufficient for designing, documenting, compiling, verifying and validating the high-volume work. An invited visit from the LCME Secretariat also assisted with internal assessments for readiness.

The founding dean's vision provides benchmarks for strategic planning to guide the next phase of preparation, to be completed in December, 2017. The vision will be solidified through the strategic planning and quality improvement documents. A committee will be charged to derive these important benchmarks by which the dean, the university president, and the Board of Trustees will measure achievement. Measurable outcomes may include: a representative, working faculty governance structure; appropriate, expanded clinical affiliations; and additional community involvement to promote meaningful outreach and expand pipeline programs for student recruitment in groups under-represented in medicine (URiM). These goals reflect the local mission to be a transforming entity as the College's footprint expands outward.

STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY

The institutional self-study subcommittee assigned to this topic reviewed the voluminous information provided on the planning efforts for accreditation Standards 1, 2 and 5. The group noted the documents

are explicit regarding efforts to accomplish the College's mission and achieve the desired outcomes in a measureable way. The subcommittee commended the planning from the dean's office and was confident the College will meet short-term goals for submission of accreditation documentation. Longer-term achievements are projected and will be part of the strategic planning phase to begin mid-year. These strategic goals will be scheduled for the next few years, as the faculty, staff and leadership work toward full accreditation of the educational program leading to the MD degree and continue to implement planning activities. Quality and policy efforts will focus on establishing methods to monitor compliance with accreditation elements and will be applied to all activities where indicated. The plans were endorsed by the subcommittee as appropriate and workable.

The subcommittee reviewed the mechanisms for conflicts of interest at the levels of the Board of Trustees, the College's administration, and the College's faculty to determine whether they are appropriate and concluded they present reasonable safeguards to prevent and/or identify breaches or misconduct.

The subcommittee noted the early and direct faculty involvement in decision-making related to the medical education program. They reviewed the joint appointments of CMS faculty and involvement of other faculty, which promoted early participation in curriculum design by core teaching faculty. Active *ad hoc* task forces of the CC also contributed to various faculty-led initiatives to improve the design phase. As well, the Admission Committee was under the early advisement of an experienced chair and used faculty-derived criteria for their determination of admissions requirements. Finally, the creation of faculty bylaws was based on accreditation guidelines and they were written, reviewed and ratified by the faculty.

The subcommittee reviewed and endorsed the committee structure at the College and determined there are sufficient opportunities for participation in governance outside and inside of the committees through the Faculty Council, the representative body which will be activated when a critical number of core teaching faculty are appointed. The autonomy of the faculty of the College is mandated via LCME standards. The subcommittee recommended a review of the faculty bylaws by the Provost to assure alignment with that office's expectations.

Communications on campus among constituent groups including faculty were deemed by the subcommittee to be very robust. College policies and procedures will be readily accessible via the university's website and in a variety of other locations electronically, including a portal specifically for the College. These methods of communication were judged by the subcommittee to be effective, particularly with the provision for access by any faculty member with logon credentials, at any time, and from a variety of electronic devices. The opportunities to comment on policies and procedures will be universally available.

HCA East Florida Division is the College's primary partner for clinical training of MD students and CAM has a signed affiliation agreement with the corporation. The self-study subcommittee was briefed on plans to add the West Palm Beach Veterans Affairs Medical Center when preliminary accreditation is achieved. Additional HCA hospitals will also increase the College's capacity to offer a variety of clerkship experiences. Where they may not provide the necessary patient mix or facilities, there are other entities with which the dean has initiated discussion. His goals to build a consortium of academic, patient-centered facilities for CAM students are part of future strategic plans. The subcommittee reviewed the AAMC recommendations for affiliation agreements with specific attention to the language regarding control by the College's faculty and validated the presence of this language in the signed contract with HCA. The subcommittee agreed these efforts are on track and lauded the dean for his leadership.

As noted previously, College bylaws for the faculty have been developed, ratified, and were available for the subcommittee to review. The subcommittee noted they present a blueprint for the standing committee structure and permit expansion of faculty participation in governance. The subcommittee noted the bylaws will also come under periodic review by the faculty.

The College is working collaboratively with the university to provide data for the SACSCOC accreditation and the subcommittee noted that, while these efforts are on a parallel timeline as both the LCME and SACSCOC will be in receipt of a comprehensive data set regarding the College in April, 2017, progress is on track.

STANDARD 2: LEADERSHIP AND ADMINISTRATION

The subcommittee concluded the authority is appropriate for the work of the faculty and the administration and enables all personnel and groups to make progress in their task to create a College that is ready to accept a charter class of medical students. The exercise of this authority has been autonomous at the College and has permitted the finances, faculty and facilities to be allocated efficiently. The subcommittee expressed admiration for the efficient progress made by the dean's team in getting underway immediately upon their arrival to campus. The subcommittee also praised the work of the university units that facilitated activities aimed at assuring the College's programs are in readiness for an accreditation review.

Dean Vieweg is an accomplished leader, academician and clinician with a track record of success. His vision for the College encompasses an awareness of the rich local resources with a focus on possibilities in the global arena for the future direction of the College and the university. As such, his vision is congruent with the university's administrative leadership's goals and visions. This shared viewpoint permits synergies and support for an impressive number of initiatives for which he is responsible. Of primary importance is the successful launch of the College, for which he has appropriate access to university and other officials. The subcommittee voiced confidence in the dean's ability to carry out these responsibilities successfully.

Currently there are sufficient experts and experienced staff in place to proceed with planning and program development; the subcommittee noted the impressive cadre of College administrators who are already in place. Comprehensive plans for additional hires, scheduled to come on board over the next year, were also noted. The first five hires to the dean's team bring a combined 75 years of experience in academic medicine and accreditation. Their expertise includes work with established and start-up medical schools over several decades. As the dean's team continues to expand, the additional deans and senior staff will add to the breadth of competencies on which the College will rely and the subcommittee was confident the judgement of the dean for recruiting the best personnel. Further, all hires that are central to the administration will be in place in advance of the arrival of the charter class.

Vacancies are being filled at an appropriate pace to support development of the program, using the shared model for faculty with content experts for curriculum development. Competent and enthusiastic university employees have joined the MD program and they bring the knowledge of the extant systems for efficient functionality on arrival. Their seamless integration into the administrative structure is a tribute to Dean Vieweg's abilities to build a team with commitment to the emerging College but with respect for the existing level of excellence on offer with the university.

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

All NSU CAM students will have the opportunity to complete at least one required clinical experience where they will interact with residents. The subcommittee noted the residency training programs in place at the affiliated institutions, HCA East Florida Division, and reviewed plans for additional training programs which indicate the charter class will have sufficient access, as required, to resident physicians in 2020 when they begin the clinical clerkships.

The subcommittee reviewed the College's access to a richly resourced scholarly environment for faculty and students on the university campus with facilities in close proximity to classrooms. The resources, support, and encouragement for medical students to participate in research are evidenced through the curriculum design, which builds in time for student-initiated or faculty-directed research activities and includes a longitudinal curricular thread to reinforce the principles of basic and translational research. The subcommittee noted the ready availability of basic scientists in the Nova Southeastern University CCR, which will provide opportunities for students to work alongside funded investigators in several research institutes including the NSU AutoNation Institute for Breast and Solid Tumor Cancer Research, the NSU Cell Therapy Institute (CTI), the NSU Institute for Neuro-Immune Medicine, and the NSU Rumbaugh-Goodwin Institute for Cancer Research. Off campus, collaborations with the Broward Regional Health Planning Council, the Broward County Division of Florida Department of Health, and other entities are under development for student participation in research concerning population health, and clinical research activities are under development. The subcommittee was assured that processes are on target to provide for the required research experience for the charter class.

The subcommittee reviewed the Diversity Committee's suggested definitions and policies and judged them as reasonable to promote College and university goals for inclusion. Recruitment and retention activities for medical students are still undergoing planning and review. The DCI data indicates gender equity of the administrative leadership from inception; goals for other categories will be part of strategic planning for the College. The subcommittee noted the successful pipeline models at the university which could be adapted to the College. A review of the plans for outreach to a national applicant pool will be coordinated with the Admissions Committee, which has begun meeting in anticipation of a charter class in 2018. The subcommittee deemed these plans appropriate and noted enthusiasm at the university for joint degree offerings in the future.

The subcommittee noted that the non-discrimination policy for the university has been adopted for the College with a few revisions. Attention to the importance of professional behaviors was discussed in the context of the allopathic medicine traditions of self-reflection, competency, and empathy. Assessments for these traits are part of all aspects of the curriculum, and the subcommittee reviewed the expectations for self-awareness for which CAM students will be responsible.

The subcommittee discussed the plans for evaluating the learning environment that include periodic evaluations by learners and teachers and that the clinical affiliates will share the responsibility for this evaluation. The subcommittee noted these plans will need to be further developed before the clerkships begin.

The subcommittee reviewed draft documents for reporting and disposition of incidents of non-professional conduct at the College and noted they were complete at this time. The implications of statements of "could" and "should" for student reporting in the "mistreatment policy" were discussed in the context of providing options and not being directive toward particular behaviors. Although there are mandatory reports for certain issues, the philosophy being promoted is to present students with methods for follow up with few barriers to reporting, to enable an environment of trust among students, administrators and faculty.

STANDARD 4: FACULTY PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES

The subcommittee reviewed the data on current and anticipated faculty numbers, discipline mix, qualifications and availability and agreed the medical education program will be well served by this cohort. The subcommittee noted that, among founding faculty, the level of enthusiasm in support of development of the MD program is very high. Due to the variety of opportunities for involvement, each faculty member is poised to serve the several missions of the College.

The subcommittee thought that the planned number of core teaching faculty, supplemented by CMS faculty with joint appointments and volunteer/affiliate faculty, appeared sufficient for teaching cohorts of 50 students in each class. The workforce planning information that was available to the subcommittee was modified according to their suggestions for clarification prior to submission to the LCME.

Current levels of scholarly productivity of the faculty are reasonable for a nascent program; the subcommittee noted the emphasis already placed on faculty development for expanding research and scholarship. The College has stated research missions and goals as part of the defining principles for success and the subcommittee is in support of these aims. Discussion ensued regarding the various types of research that would be available and how these projects might be identified and supported. The group also discussed future scholarship goals, which would be rewarded through promotion and retention policies for the faculty. Plans for educational and bench research were noted by the subcommittee as achievable, reasonable and on a timeline for measured growth. Dr. Jove noted that a \$50M grant application to the NIH for effective research planning and faculty development was just submitted.

The subcommittee reviewed NSU policies and procedures for faculty appointment, promotion, and dismissal and noted there is no tenure at the university. The long-term faculty on the subcommittee were familiar with the terms and conditions of the documents. They discussed that these documents are clear in their presentation and have defined mechanisms for review of faculty, noting however that process reviews may be unevenly applied across colleges. CAM's merit and promotion policy is under development.

Subcommittee review of the mechanisms to ensure that all faculty will receive information related to their responsibilities, benefits, and remuneration revealed that, in practice, there are sometimes delays in relation to expected NSU timelines. The timeline for review in the first year of a faculty member's effort was discussed in the context of what is required by the university and what each college may decide on its own. Some reconciliation may be needed to align these policies, particularly for five-year contracts, which do not have an annual review component. The subcommittee expected that once the promotion and merit policies and the compensation plan of the College have been codified, these matters will be reconciled.

The subcommittee discussed the protocol under consideration by the College for assigning all teaching for a given academic year at least four months prior to the start of that academic year and felt that this approach will allow adequate time for coordinating the teaching schedules for part-time/shared faculty.

Faculty progress toward promotion at the College was discussed by the subcommittee at length, including the need for concise benchmarks to avoid overly subjective review and assure clear progress and faculty success. The College's plan for annual review of faculty by the department chair and coordination with other colleges for faculty with joint appointments were felt to be appropriate.

Research faculty will have options to receive feedback from their supervising department head or other persons according to the rules for promotion and advancement. The subcommittee agreed these documents seemed reasonable and would be tested appropriately over time to validate their efficacy. Additionally, the subcommittee noted the working definitions, useful rubrics, and easily navigated menus (all components of a "user-friendly" system) were needed for qualitative tracking of faculty progress

toward promotion. The group suggested the possible utility of adopting an extant systems for example, Digital Measures, a proprietary program at the university.

Professional development activities will be robust and supported by experts in this area. The subcommittee reviewed current activities for professional development, particularly in curriculum planning, and was satisfied the framework and structure was sound for a new medical school program. The subcommittee was enthusiastic about the current and planned activities and endorsed the structure for faculty development at CAM. Planned opportunities to enhance the teaching, assessment, evaluation, and research skills of the faculty will be rolled out after the preliminary accreditation documents have been submitted. The subcommittee noted there is good support for content experts, pedagogical novices, and all manner of “in between” faculty skill levels in the plans for professional development. Additionally, there has been discussion of provision for CME to enhance participation by physician faculty.

The subcommittee noted the processes for governance and policymaking and determined the framework is in place to guide the dean and committees of the faculty (standing and *ad hoc*). Early evidence is in support of the subcommittee’s conclusions.

STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE

The subcommittee did not access the financial projections for the College but viewed percentages for current and anticipated financial support with the CFO, who also described the *pro forma* rationale in the context of LCME requirements for accreditation. The subcommittee noted, within these limits, that the varied sources of financial support would seem to be adequate for the needs of the College during start up. The expenditure of university funds to create a quality medical education program have been accelerated recently to permit a ramp up of curriculum design, including a “command center” and an expert on case-based learning to assist the EADASA with coordinating the design of the curriculum. While funding sources will need to be expanded in the first phase of the College’s planning, the subcommittee recognized the potential for research and practice plan revenue to exceed the projections. University support has been critical to the progress made thus far, and the subcommittee noted that this will continue to be available to support the needs of the College.

The subcommittee discussed the various resources which have been made available to the College from inception and concluded the rollout of assistance to launch the project has been impressive. Remodeled offices in the HPD Terry Building have provided administrators and staff with an efficient, proximal “corridor” for collegial interactions and meetings. A refurbished conference room has been made available for exclusive use by the College’s staff, and the downstairs “command center” for curriculum planning has contributed to local recognition of the College as a going concern with a locus for visible progress. At any time during the day, faculty may drop in to review the posted information on the latest curriculum planning and may encounter one of the expert and dedicated thought leaders and employees in place and working to meet project goals. Additional faculty and staffing needs for preparing the MD program to accept the charter class will be met through planned hires and an expedited system to bring them onboard. The DCI rosters for faculty and administrative hires continue to be updated to reflect these positions, effort allocations, placements within departments, and assignments. The subcommittee did not identify any compromises being made in the areas of planning, implementing, and evaluating of the medical education program, and instead, noted the rapid forward progress in these areas.

The subcommittee examined the LCME requirements for percentages of various funding sources and concluded the pressure to generate revenue from tuition was not likely to approach the 50% mix which is prohibited. Instead, the early planning by Dean Vieweg has delivered on his vision to encourage physician partners to join the faculty as teachers. The primary hospital partner will contribute to the financial health of the academic system with a campus hospital; many benefits to student learners will accrue from this facility. The new CCR is also an example of forward planning which provides a locus

for exemplary research in cutting edge arenas. These investigators will be College faculty with a clear understanding of the duties and responsibilities to medical students to encourage, guide, and mentor their participation in required research experiences.

The subcommittee had access and reviewed plans for retrofitting current space in HPD for MD program learners and concluded it offers a substantial infrastructure for fifty students in the first class and will pose no problems in coming online to accommodate the charter class. Nevertheless, the subcommittee also reviewed the “overflow” space plans in the unusual case that renovations and furnishings will be delayed. Potential growth in class size was not discussed by the subcommittee since the plans are to keep the size of the class to 50 students until after the College has received full accreditation from the LCME.

The subcommittee reviewed the HCA East Florida Division resources for medical student clerkships and determined they were adequate for the planned rotations in hospitals and at ambulatory sites. They also received information on the VA partnership that will be formalized once the school has received preliminary accreditation. Curriculum planning will continue to ensure the numbers and case mix are sufficient for learning objectives once the Year 1 and Year 2 plans are made final.

Security systems on the university campus are considered to be very good (with no regional campuses planned for the College at this time). The subcommittee reviewed institutional policies on student safety which are under development and will be complementary to what is already in place. The subcommittee reviewed the draft information on disaster planning contained in the DCI. The dean’s office has developed an emergency plan based on the university template. It has built in levels of responsibility and planning among the dean’s staff and was deemed adequate for various scenarios, including active shooter and a projected hurricane. There will be a designate from the College who will serve on the university’s standing committee to further the preparedness aims for medical students, staff and leadership.

Planning for library and information technology resources is part of the budgeting process at the College and will provide for integration with the curriculum. The subcommittee reviewed the interfaces with available units and noted there is representation of librarians and technology experts who are ready to support development of the medical education program. At least one librarian liaison will be assigned to the College. The subcommittee posed the question as to whether this was an FTE assignment and sufficiency of assistance while the curriculum is implemented in the early phases. The HPD Library Director has been working with the CC and contributes to the planning aspects for the digital library needs of students as well as the historic usage of library facilities for study space, meeting rooms and computer labs.

Technology interfaces, as reviewed by the subcommittee, are designed around the iPad platform given the provision for each medical student to receive an iPad with full capabilities for the curriculum. Textbook access, WiFi capabilities, and connectivity issues were discussed by the subcommittee in relation to the services provided to other schools and Colleges on the university campus. The subcommittee noted there is generally good tech support and did not foresee any problems with access for College faculty and students under the current configurations.

The subcommittee noted that available student study space, lounge and relaxation areas and secure storage on the HPD complex and within the university campus was adequate. The addition of more students raised the issue of accommodating the increased numbers of enrollees over time, but the planning documents show there is capacity to expand. Additionally, the university campus offers top-notch facilities to supplement what is on offer at the College, including the main campus library just a quick walk, shuttle ride or drive away from the HPD complex.

Also within a short walk is an impressive, on-campus aquatic center with attached RecPlex complex, and a variety of student-centric lounges and meeting places, and a food court within a student center. Should students venture further on the university shuttle, there are additional options either on campus or within a very quick walk or drive just off campus. A campus shuttle to the local Broward County mall makes it

easy for students to attend a movie, dine out or shop during their leisure time without the need for a personal vehicle. The subcommittee endorsed these offerings as value-added to medical student education.

Dedicated student lounge space on campus for MD students is in the planning phase as a result of the LCME Secretariat's visit. The identified space will be remodeled and retrofitted appropriately in time for the arrival of the charter class.

STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

The self-study subcommittee reviewed the charge to the CC and the subsequent charge to the Curriculum Structure Task Force to develop the core competencies and medical education program objectives leading to the MD degree. The educational program objectives are stated in outcome-based terms and are linked to the competencies expected of a physician. A task force developed outcome measures that specifically will be used to assess students' attainment of each related objective and competency, and the CC reviewed and recommended adoption of these outcome measures.

In May 2017, block and course directors, thread leaders, and the CC will have access to eMedley, an electronic suite of tools that includes a curriculum mapping module that will include all block/course/clerkship and session objectives linked to the Educational Program Objectives. The subcommittee noted that this will allow much easier access for identifying gaps and redundancies in content and blueprinting of student assessments. Data entry for blocks and courses for Year 1 will be completed by December 2017 and data entry for subsequent changes will be completed concurrent with entry of materials into the Learning Management System.

The four-year curriculum map includes one-week and two-week timeframes for Reflection, Integration and Assessment (RIA) at the end of each major period of instruction. The RIAs are dedicated times for implementing a variety of assessments of student performance (formative and summative assessments which will include quizzes, MCQ exams, and other assessment formats), as well as small group activities and time for reflective exercises before students enter the next period of instruction.

The clinical skills that students will be expected to acquire in the pre clerkship years will be predicated on progressive learning (novice to competency) model. A variety of learning methodologies will be employed, including use of simulation, role playing, and standardized patients. Student performance will be assessed routinely using a variety of methodologies, including formative feedback from instructors, peers and standardized patients, and Objective Structured Clinical Exams (OSCEs).

The lists of clinical encounters for the clerkships were developed by a group of MD faculty, based on the College's Educational Program Objectives and required patient encounters observed at other US medical schools. Each type of patient encounter and clinical skill is associated with a clinical setting and level of medical student responsibility. The lists have been approved by the CC with the expectation that, once the faculty clerkship directors have been identified, they will review and modify the lists and submit revised lists to the CC for approval. When the final version is approved by the CC, the list will be programmed into eCLAS, the patient encounter tracking module of eMedley.

The clerkships will provide the traditional, hands-on experience with patients through clinical encounters in all of the LCME-required disciplines; appropriate experiences will be assigned to relevant clerkships. Planned inpatient and outpatient experiences have not been formulated for individual clerkships nor have the educational program objectives or the individual clerkship objectives been linked. However, based on the current list of required patients, clinical conditions and procedures, and the settings in which students can be expected to have exposure to those clinical experiences, every required clerkship will include a mixture of ambulatory and inpatient settings.

In Year 4, sufficient time for electives is embedded after the requirements for core clerkship experiences have been completed. In addition, the current curriculum map for Year 3 has two weeks of elective time available and the choices will be similar to those for Year 4. Students will be entrusted with decision-making as to which electives will best suit their interests but guidance will also be available. The emphasis will be on a broad clinical education and career planning. The subcommittee noted medical students will have a variety of options, which will include time for research experiences, time away for electives at other institutions, and/or elective experiences at local affiliated institutions. Students who wish for in-depth explorations of the specialty and subspecialty practice of medicine will receive counseling appropriate to their interests, including assistance from the AAMC Careers in Medicine program.

All medical students will complete a service-learning experience during second semester of Year 1. The experience will be a project completed by small, interprofessional teams of students. Project groups will have faculty advisors from one or more of the schools involved. Potential sites/agencies for these service-learning projects will be identified jointly by faculty leads from the schools involved and the assistant dean for community health and global affairs. Satisfactory completion of the interprofessional service-learning project will be required for medical students to pass the Practice of Medicine II course.

The subcommittee also discussed using the RIA segments as a locus for additional service on a predictable schedule, and options for outreach are abundant in the catchment area of Broward County and beyond. Additional service projects might span Years 1-3 of the curriculum and encompass a dedicated experience across the continuum, or could be discrete “bursts” of learning with shorter periods for the experiences available in a broad range of selections. The overarching goal is to take advantage of the wealth of medical resources in this part of Florida, particularly health networks, the density of hospitals, facilities servicing persons living with HIV, PTSD and other societal and health problems.

NSU provides an impressive milieu and learning laboratory for interprofessional education (IPE) through the other colleges in the university. When considered together, the constellation available is richly resourced, and medical students will be able to interact with a variety of health professions students, law students, graduate students, undergraduates and other learners. A comprehensive listing is available on the university website. This array will provide many opportunities for teamwork or training by groups of students, such as 1) responders for disaster preparedness drills for hurricane destruction, 2) formal training in “mass casualty” experiences, and for 3) outreach interprofessional groups for public health initiatives in HIV-related matters.

Continuing medical education activities are part of a robust hospital system and having a hospital on campus will offer many opportunities for medical students to attend CME activities. These are customarily provided at no charge to medical students. Additionally, south Florida offers a wealth of opportunities in Fort Lauderdale, Miami and surrounding areas.

STANDARD 7: CURRICULAR CONTENT

The subcommittee members reviewed the tables and narratives in the DCI and noted that all topics related to the biomedical, behavioral, and social sciences appear to be adequately covered in a variety of ways, including through the threads which run longitudinally throughout the curriculum including, the Practice of Medicine courses and in the PBL cases. The subcommittee noted the DCI has evidence of planning for representation of these topics. The subcommittee suggested the inclusion of some practical reviews and considerations for biomedical devices and training for students in using handheld ultrasounds for disease-related work-ups.

The subcommittee agreed that the plans to adequately cover each of the levels of care and phases of the human life cycle are evidenced in the curriculum plans. All blocks and courses in the pre-clerkship

curriculum cover these topics in PBL cases, lectures and other sessions. There will be a total of 45-50 PBL cases during the pre-clerkship curriculum and the plan is for the PBL case writers to intentionally address all age groups in various cases over the course of the two years. The final five-week block (Psychiatry/Behavior/Prevention over the Life Cycle) is specifically structured in reference to the life cycle, with the first week focusing on infancy and the final week focusing on geriatrics and end-of-life care. For each age group, normal behavior, common psychiatric illnesses, and age-specific preventive strategies will be addressed.

In the POM I, II and III courses, students will learn core clinical skills for adults, with an introduction to the history and physical exam in infants and children during Practice of Medicine III. Because most patients in the preceptors' offices will be adults and geriatric patients, the objectives for that experience will focus on care of adults of different ages. In the clerkships, these objectives will be included in Family Medicine, Obstetrics/Gynecology, Pediatrics, and Psychiatry.

The subcommittee discussed the plans for experiences that will permit students to apply the scientific method and to become familiar with the basic principles of clinical and translational research. More planning is required once the POM course directors are named and follow up and detailed design plans are needed, but the subcommittee noted the high degree of flexibility for scheduling. What will be emphasized is helping students to formulate and test hypotheses or interpret data through critical review of literature. This might be accomplished through journal clubs or inductive reasoning processes at the bedside in the hunt for differential diagnoses. Student participation in research will be supported by faculty mentors as well; the subcommittee felt this would provide the defining experience for students in achieving competency in the basic principles of all types of research.

The subcommittee verified the curriculum will include sufficient experiences to ensure that students develop skills in medical problem-solving and evidence-based clinical judgment. The PBL sessions are predicated on these experiences but another example will be in sessions with standardized patients, who will present complaints and symptoms for consideration by students in a practical way that reinforces their work at the simulation lab, listening to heart or breath sounds.

The subcommittee verified and discussed that the curriculum will adequately prepare students to recognize and appropriately address the medical consequences of common societal problems. Several examples of topics already selected for PBL sessions were available for review; the AAMC provides guidance on a variety of topics with a guide on incorporating these into the curriculum. The subcommittee discussed bullying as a pernicious problem which cuts across all levels of society, for example, as a topic for inclusion when the planning particulars are decided.

The subcommittee reviewed the type of exercises which are designed to prepare medical students to communicate appropriately with patients and others. In anticipation of a diverse class, the subcommittee noted the students will be able to share among themselves regarding their individual cultural norms in an informal way in small groups in PBL and clinical courses. Effective communications will be emphasized in all facets for teaching, learning and assessing. PBL and POM sessions will focus on problems faced by the homeless population in south Florida, and a review of health disparities which may extend beyond housing to encompass food insecurity, mental health issues and the like. The Office of Translational Research and Economic Development (TRED) offers a resource-rich platform for these explorations with funding to study health disparities. The subcommittee endorsed the plans for sessions that will be written to prepare students to understand and work effectively with and identify their own biases in relation to patients from a variety of backgrounds.

Curriculum planning will encompass the need to prepare medical students to function collaboratively in health care teams, but also to take advantage of the many opportunities on campus and the historic importance of IPE at the university. The MD students will participate in mandatory IPE exercises along with their HPD colleagues, for example. The subcommittee discussed plans to achieve the learning

objectives for collaboration and for service learning activities that encourage participation with health care teams and found them reasonable and workable.

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

The subcommittee noted the authority of the faculty and their “ownership” of the curriculum is codified through bylaws, policy and practice at CAM. Further, the bylaws establish the formation of the standing CC with responsibilities to advise the dean on matters related to undergraduate medical education. According to the bylaws, “the Committee develops, reviews, assesses, and recommends changes to the content, curricular structure, learning environment, assessment methodologies, and educational goals of the undergraduate medical education program and shall evaluate the courses, curriculum, and program outcomes as a whole.” Several of the self-study subcommittee members confirmed they had reviewed the written charge to the CC at its conception and emphasized their first-hand, real-world knowledge of the demands required of this group, owing to their recent and direct participation as founding members of that body.

As block and course content experts, these faculty became the CAM planning phase core faculty with notable responsibility and authority for overseeing and approving the design, management, and evaluation of the curriculum. Through their work over several months of intense planning, a coherent and coordinated schedule has emerged with appropriate content. Year 1 and 2 blocks are designed to the level of topics and teaching format for specific sessions. Session objectives are nearing completion, with responsibility for each course syllabus assigned to the course director. Practice of Medicine I is designed at the same level. Planning for Practice of Medicine II and III is less advanced but includes weekly schedule of learning activities and course objectives. Further planning will begin after the College submits accreditation documents and begins to prepare for a site visit.

The CC meets at least monthly. The bylaws of the College grant the responsibility and authority to the faculty to develop and evaluate the curriculum with assistance from four subcommittees: Pre-Clerkship, Clerkship, Curriculum Integration and Evaluation, and Learning and Resources. They have specific charges and tasks related to curricular management and development and will be tasked to report their progress to the CC regularly.

The subcommittee noted the curriculum experts who have been directing the design activities are well-versed in the required pedagogies and understand the shared faculty model at the university. The subcommittee discussed that the role of the CC may be extended to GME and CME as may become appropriate.

The subcommittee reviewed the educational program objectives and confirmed they are being and will continue to be used to guide curriculum planning. Recently, the working groups have used these objectives to select and apportion curriculum content among instructional units, review and revise the curriculum, and discuss plans on how to evaluate curricular outcomes. Learning objectives for sessions will be developed and aligned to educational program objectives, then mapped to the eMedley learning management system.

Prior to the start of each block or course, the course director will submit a syllabus to be reviewed by the CC to ensure coverage of all desired course content and that cases encompass learning objectives. Appropriate assessment methods to evaluate student mastery of learning objectives will also require approval by the CC. The clerkship subcommittee will be responsible for reviewing the clinical encounters, skills, and settings outlined for each rotation.

At the completion of each block or clerkship, course evaluations will be completed by students. Course directors and faculty will meet to review assessment data on student performance, course evaluations, and observational feedback. Course directors will present a post-course summary to the CC and revisions to

the course will be made accordingly, whether to make minor tweaks or larger changes to optimize mastery of learning objectives or ensure teaching quality. This will be accomplished through the collaborative effort of the CC, the Office of Medical Education (OME), and block/course/clerkship directors.

The complete curriculum will undergo yearly program evaluation with input from faculty, student feedback, USMLE performance, residency placement, and results of the AAMC Graduation Questionnaire when available. CC subcommittees will report findings to the deans and faculty, including the standing committee to be formed for monitoring and quality improvement.

Each block and each clerkship of the curriculum will undergo review at completion. Blocks of twelve weeks or longer will have an additional review at mid-point. The Pre-Clerkship or Clerkship subcommittees will conduct the reviews, along with the course/block/clerkship director and the assistant dean for medical education and innovation (ADMEI), also incorporating feedback from students. Each phase of the curriculum will be reviewed annually by the EADASA, the ADMEI, the CC, and the Quality and Policy Committee, with reports to the Faculty Council. The subcommittee judged this to be a comprehensive approach to evaluating the curriculum.

The eMedley software will be used to manage the curriculum, and its suite of applications includes eCurriculum for curriculum mapping and eEvaluate for maintaining curriculum evaluations, and the scheduling tool eClas, which will schedule and track patient encounters. Each eMedley module will be accessible depending on the function, e.g., everyone including students will have access to relevant schedules, but there will be very limited access to the various evaluations. Another module of the suite is the electronic testing tool ExamN. The compatibility of these tools will allow seamless integration of information pertaining to course objectives and student performance on assessments as a means to track curriculum content and ensure its delivery.

The subcommittee reviewed the planned system of program evaluation and determined it would achieve the desired results for making a judgment of whether educational program objectives are being met and desired program outcomes are being achieved. Comprehensive data collection will underpin the planned system, with appropriate analysis by experts. Additionally, processes for implementation of new initiatives, recommended improvement, and feedback to users will be readily available and transparent.

The subcommittee noted student progress will be evaluated based on results of both internally created course evaluations and standardized national assessments, as well as performance-based evaluations of clinical skills. Data collection will also include results of USMLE Step 1, Step 2 CK, and Step 2 CS for advancement and graduation. The SPAC will report results to the dean, EADASA, ADMEI, and the assistant dean for educational standards and quality, as well as all relevant committees.

Program outcomes that will be assessed post-graduation include residency performance, licensure rates, and practice types and location. This information will be collected collaboratively by the administration and the alumni association. The subcommittee felt that the adequacy of all planned systems was reasonable and workable.

Comprehensive planning will create appropriate instruments for collecting student feedback on courses and clerkships and on faculty, residents, and others who teach, supervise, and assess medical students. This function will be managed through the Office of Curricular Affairs, which will distribute electronic surveys to medical students pertaining to block, course or clerkship quality at the end of the experience. For longer blocks and courses in the pre-clerkship years (12 weeks duration or more), feedback will be solicited mid-way through the block/course for teachers in the first half and at the end of the block/course for the remainder, to assist with accuracy of student recall and reporting on their experiences.

In all instances, feedback from students regarding individual faculty and residents who teach or supervise them will be collected regularly. The information will be summarized and provided to the faculty members, block/course/clerkship directors, department chairs, and residency program directors for routine

review. To protect the anonymity of students, faculty who have precepted fewer than five students will not receive their report until reaching a five-student threshold. An issue with a faculty member's teaching that needs to be addressed urgently would be fast-tracked to the clerkship director who would follow up immediately.

The subcommittee discussed the planned processes for monitoring medical student clinical encounters at the department level and centrally for the clerkships where the majority of opportunities to practice clinical skills will occur. Students will use eCLAS, the patient-encounter tracking module in the eMedley suite, to log their clinical experiences; compliance is monitored to assure that required clinical encounters and procedural skills are recorded. The clerkship director will review each student's log with him/her during the required mid-clerkship meeting and at the end of the clerkship feedback session. Adjustments to the encounters (identified alternatives to download a CLIPP case, for example) will be part of the remediation offered to students who do not meet the required clinical experiences. At the end of each academic year, an audit of the list of required skills will be performed to assure institutional and clerkship goals and objectives are met.

The subcommittee reviewed and discussed the fact that faculty development will be designed to ensure comparability of education and assessment across individual courses and clerkships. The master planning for comparability will take into account the variables at preceptor and clinical sites. The quality and policy initiatives on the main campus are formulated to assure that experiences will be uniform. Data will be reviewed by the CC annually to identify areas in which there might be inconsistencies in education and assessment across individual courses and clerkships. The site directors, the clerkship/course directors, the pre-clerkship/clerkship subcommittees and the assistant dean for educational standards and quality have been given responsibility to review and act to ensure there is comparability across instructional sites. The subcommittee determined the early planning efforts appear to be appropriate to accomplish the stated goals.

The subcommittee viewed the duty hours policy and considered the limits to work hours as reasonable given the training requirements for resident physicians. Although "night float" policies are permitted at many facilities for residents, the national trend once again seems to be for an increase in duty hours allowed. The CAM leadership does not wish to promote additional hours for students at this time and the policy reflects this. The policy also contains information on plans for students to report violations of the duty hours policy and the subcommittee determined the policy seems workable. The subcommittee noted students will not take overnight call at any clinical facility which cannot provide on call rooms.

STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

Faculty development activities are being formulated for all groups who will teach medical students in any capacity (CAM faculty, residents, nurse practitioners, anatomy fellows, etc.). These plans include the hiring of an associate dean for faculty development and the creation of an Office of Faculty Development and Teaching Excellence within the OME. The plans will be structured to prepare any category of teacher for their specific teaching and assessment roles. The CC policy is to provide an orientation to the MD program to brief all teachers at all levels on the learning objectives and methods for assessing students. Specific programs focus on providing various components for the curriculum will be developed: effective small-group facilitation for achieving learning goals, giving meaningful formative feedback, presentation of expectations for the teacher-learner relationship, and the like.

The subcommittee noted the specific methods are still in the planning stages to provide residents and other non-faculty instructors with the objectives of the courses in which they will participate. The DCI contains a list of proposed workshops, creative faculty development and support activities, and site visits

as evidence of appropriate planning, and the subcommittee commended the level of thought and detail that is presented.

The subcommittee reviewed the affiliation agreement with the primary hospital partner and noted that plans for clerkships are in the early phases of development, but show the required relationships between the College and HCA for faculty appointments and provisions for undergraduate medical education. Faculty supervision at these sites will be guaranteed under the administrative reporting system that is being developed. CAM faculty members will be appointed to each site as well as a cadre of administrative managers (some will be MDs, some will be facilitators at the hospitals). In all cases, there will be several layers of supervision for student clerks and sites, but ultimate responsibility for the success of implementation will reside with the EADASA and the CC. The subcommittee noted these activities are on track for a charter class set to begin clinical experiences in the spring semester of Year 2 (2020).

The subcommittee evaluated the preliminary plans for what will be used to assess student attainment of the knowledge, cognitive and clinical skills, attitudes, and behaviors specified in the educational program objectives. At this time, the planning is on track for Year 1 and 2 assessments with a variety of methods under consideration. Once the curriculum content has been embedded in the mapping system, the final decision regarding types of assessments, frequency, and other important components of the assessment program will be derived, reviewed by the appropriate bodies, and implemented. The subcommittee noted the charter class will matriculate in 2018, which provides a reasonable timeframe for this work.

Student assessment will be accomplished through a variety of formative and summative assessments ranging from NBME-type questions to student demonstrations of acquired clinical skills to teaching faculty who observe, evaluate and give formative feedback in a single session. There is a detailed list already developed of required clinical experiences that students must observe, examine, manage, or perform competently to the satisfaction of a supervising physician. The scheduling tool eClas will document each patient encounter to track a student's progress through the requirements. There is planning to log the number of unsuccessful attempts that precede the required passing attempt to identify areas of individual or general weaknesses on the part of students or their instruction. Student evaluations of each of their clerkships will also be a means to identify needed improvements.

The subcommittee evaluated the processes and systems planned, to date, to ensure that students receive comprehensive and timely formative assessment as codified in the supporting document entitled Medical Student Feedback Policy. The subcommittee agreed this policy and the explanations were concise and clearly understandable. The subcommittee noted that terms for fair and timely summative assessment in the pre-clerkship phase of the curriculum were defined and reasonable for student review and challenge after grades were posted. Systems for collecting the assessment from any outlier reporting also seemed to the subcommittee to be workable. Narrative assessments have been mandated as a component of courses where teacher-student interaction permits and the subcommittee approved of this rule as it provides valuable feedback to students.

The subcommittee noted there are several curriculum management experts currently directing the design and implementation of the CAM curriculum. Therefore, the standards of achievement for blocks, courses and clerkships and for the curriculum as a whole are being set by appropriate persons (deans and faculty leaders who have appropriate knowledge and expertise) and there is a great deal of faculty development attendant to these activities. Teaching faculty will be identified once the curriculum content has been established and they will be appropriately coached through faculty development activities to the demands and structure of the curricular assessment methods. The subcommittee noted the faculty content experts from CMS will have direct input regarding standards of achievement as well.

The subcommittee noted there are no regional campuses at CAM, which simplifies the immediate need for policies and processes to ensure that a single standard for promotion and graduation will be applied across all instructional sites for the core curriculum. If the MD program expands, there will be measured review of all instructional sites to ensure standards for comparability are enforced uniformly. The

subcommittee reviewed the promotion and graduation requirements and noted the due process protections. They agreed the “adverse action” section was clear, concise, and understandable pertaining to any measures that might affect the status of a student.

STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

The Admissions Committee, which is composed of a variety of medical personnel, educators and experts, reviewed the College’s competencies and learning objectives plus the mission and vision statements to develop the criteria for admission. Their recommendations were to guarantee the selection of a cadre of students who would be cognizant of the high demands for self-directed learning, resiliency and character to enable them to navigate the curriculum and take a leadership role in medicine and the practice of medicine in their careers. The criteria for admissions follow the trend for a well-rounded person with varied interests and the ability to learn independently as evidenced by academic accomplishment but also using criteria for life experience with compelling narratives.

Plans for recruitment and screening as well as the technical standards were discussed by the subcommittee, which noted that the technical standards conformed to AAMC requirements, and that, while there were some processes to be determined after hiring of the assistant dean for admissions and student affairs, the structures being contemplated were workable and follow recognized best practices.

The subcommittee discussed the admission policies and practices and agreed they will ensure that admission is the responsibility of a formally constituted faculty committee. This standing committee is charged in the College’s bylaws. The conflict of interest policies for the university and the College are uniformly concerned with keeping the admissions process free from any appearance of bias or outside interference.

The subcommittee discussed the personal attributes of applicants in the context of the curricular demands. There are plans to prepare interviewers, including members of the Admissions Committee and recruited members from the community who will conduct interviews. The subcommittee was confident the assistant dean to be hired for admissions and student affairs would have excellent support in this project.

The subcommittee addressed the LCME directive on information for recruiting, which permits dissemination of early planning information and materials for faculty recruitment, but which prohibits recruitment or references to medical student admissions in draft information and advertising. The brochure for the College was distributed and the subcommittee examined the print copy and looked at the online material individually. The subcommittee was impressed with the quality of the proposed information and agreed there was benefit for having materials already in preparation and ready to send to applicants, advisors and others. They noted the content is accurate and current, and will suffice until the College receives permission from the LCME to admit the charter class.

The subcommittee also reviewed policies for medical student assessment, advancement, and graduation and plans for their dissemination and found them to be thoughtful and comprehensive. There will be several faculty committees charged with monitoring for each of these topics. The SPAC, for instance, has primary responsibility for determining satisfactory academic progress for each student. The subcommittee felt this was a reasonable structure and could be refined under oversight mechanisms granted to the CC.

The plans for student assignment to instructional sites for clerkships and approach to student requests for alternative assignments were felt to be workable and equitable, but the subcommittee recognized that they may need to change if additional clinical sites are affiliated with the College in the future.

STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND EDUCATIONAL RECORDS

The self-study subcommittee helped to write responses to the DCI for Standard 11 and discussed comprehensive plans for a system for early identification of students with academic difficulty. The system for identification is reasonable and accessible and permits all students accepted into the College to access an online pre-matriculation program designed to strengthen foundational knowledge.

Additionally, the EADASA will review each incoming student's records to identify matriculating students as "at-risk" to struggle at the beginning of medical school based on specific criteria to include MCAT scores, GPAs, consideration of the rigor of the pre-medical program, any previous academic difficulty, and/or time away from formal studies. These students will be required to complete the pre-matriculation program prior to Orientation to medical school. In all instances, their Learning Community mentors will closely monitor students with academic difficulties who self-identify or are identified in another way. The subcommittee felt the system would permit early and ongoing identification of students in academic difficulty or trending in that direction owing to proximity and training.

Learning Community mentors will routinely monitor the academic performance of all their assigned students during all four years of the curriculum and will spend time with the students in a variety of venues. The mentors will play a valuable role in helping students proactively identify and address any evolving problems, whether academic in nature or not. They will be available to discuss issues, such as working within small groups, group skills and processes, curricular matters, study strategies, academic performance, and professionalism. There will be a career advising component starting in orientation to medical school.

Plans also include a toolkit for the Learning Community mentors to refer students to other professionals or other student resources within the College or university community, such as student counseling, financial aid office, the office of student disability services, and others, as recommended and available to address student needs. These plans were judged to provide a good foundation for supporting student adjustments to the fast-pace and high demands of the curriculum. The small-group cohorts present a structured environment for students to establish friendships and collegial relationships with their peers that will provide support and encouragement. The subcommittee was encouraged by the planning and was interested to learn the student affairs office will also have a dedicated staff member, an "Academic Success Coach," with no role in assessment or advancement decisions about medical students. Students may contact this coach to provide academic counseling, and to refer the students to an appropriate internal or external specialist.

The subcommittee discussed whether faculty members will have direct student contact during office hours and individual meetings when requested by a student, given the shared faculty model, and were assured there are plans to provide for this. Various options for remediation in the pre-clerkship years, as presented in the DCI, provide short- and long-term solutions for students who require additional help with coursework. The subcommittee reviewed and discussed concerns regarding the timing of such activities and reviewed the positioning of the learning blocks in the curriculum schematic. They observed the RIA periods offer a "pause" within the intensive, self-directed phases of the curriculum. Students will be able to utilize the time to discover, reflect, and bolster their learning activities in individual and group pursuits that will be self-directed or prescribed by Learning Community mentors or others. The intent is to provide remediation and/or enrichment as needed, whether it is tutoring or retake of an exam. More serious academic concerns (course failure, for example) will trigger a roll-out of intensive assistance with a plan for the student to repeat course work at the end of the year or step out into an individualized educational plan. The SPAC and the assistant dean for admissions and student affairs will have important roles in guiding students back on track once a need for remediation has been identified.

The subcommittee concluded the proposed plans were sufficient for effective identification of student learners who may struggle to adapt to the curricular demands and to address other challenges they may encounter.

Creation of effective systems for career advising, residency preparation, and electives counseling are under development and will be robust and thorough in nature. The subcommittee was made aware of various opportunities for career advising which will begin at Year 1 Orientation. Students will be assured of assistance through the AAMC's Careers in Medicine program throughout their four-year experience. The subcommittee also reviewed plans for creating effective systems for career advising where students will be brought along from novice to experienced consumer regarding all the choices which exist for planning, preparation and participation in activities to help them make appropriate choices. A variety of mentors will be provided for students, some of whom may be role models for future career decisions, and all of whom will be able to counsel students, or refer them to persons who have information regarding selecting specialties and making residency choices. Appropriate, required experiences to assist students in selecting a residency will be planned when clinical faculty are available.

The Office of Admissions and Student Affairs (OASA) will also have responsibility for creating rubrics for student choice and managing selections once the first cohort of students has progressed to the clinical years. Staff in the office will be required to have a comprehensive understanding of how to guide students in decisions about career choices. As CAM students progress from early clinical experiences to their final year of training, they will be encouraged to pursue their interests in the context of their competitiveness for positions in residency training in the US and Canada. The subcommittee reviewed these plans for creating effective systems for residency preparation and deemed them adequate at this time.

The subcommittee reviewed early plans for creating effective systems for elective counseling and concluded the College's policy for elective choice is rational and would seem to ensure that students are going to be competitive for residency slots for which they are qualified and interested. As plans progress for welcoming students to the clerkship experiences, all planning components (policies, procedures, mandates and the like) will be under review. There was discussion regarding what will occur if a student does not match to a desired residency and the subcommittee received assurances there will be back-up planning available using SOAP or other methods for placement. The subcommittee approved the provisions being considered.

Required research experiences and research electives are fundamental to the curriculum and are being designed to further assist students who wish to pursue a career in academic medicine. Mentoring programs will include knowledgeable faculty investigators to guide their choices should students show interest in a career in research. The subcommittee reviewed the information on plans for research mentors for students and evaluated the concept as workable.

The subcommittee performed an in-depth review of the policies and processes in place to protect the confidentiality of student records at the university and concluded there were many very positive features which might be employed for the College. Restricted access is already part of the protocols for student recordkeeping and the subcommittee noted the timely retrieval of student records will be accomplished with cooperative mechanisms between CAM and the university.

The policies and processes to protect the confidentiality of student records are based on universal principles adopted for medical schools and are under discussion and review. They are robust and rely on a combination of restrictions and permissions to function effectively, and the student affairs office is the arbiter of all access, whether through a registrar, director or other administrative person who is designated for this purpose.

The subcommittee discussed the process under development for students who wish to challenge information in their records. The policy will provide for timely access and a clear set of procedures under which student requests may be accommodated. Effective mechanisms are being planned for a fair system

and an intensive review of the proposed protocols will be part of the early assignment to the assistant dean of admissions and student affairs upon their hire. Matters needing intervention and/or review when a student challenges information, is denied, and appeals the decision will also be part of the “audit” by the expert student affairs personnel when they are brought on board, no later than summer 2017. The subcommittee was confident this timeline was achievable.

STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELING, AND FINANCIAL AID SERVICES

The subcommittee reviewed information on educational debt levels for medical students in the US and discussed this complex issue, including the feasibility of minimizing student debt at the CAM. Subcommittee members noted a capital campaign is underway at the university with a commitment to the College for scholarship funds and/or loans. The subcommittee did not know whether these monies would accrue to the charter class but recognized this planning will provide debt relief to recipients if the funds do not have to be repaid. Student debt is a national concern for educational staff and student affairs and other student support groups at medical schools everywhere. Increases in tuition amounts are just part of the problem of rising debt levels; another common contributor is the need by students to roll costs and expenses for an undergraduate education into their medical school debt, which creates an increased amount for repayment.

The subcommittee noted that medical students often accrue significant debt because there appear to be no limits to the amount of money they can borrow. The subcommittee supported the plans for a dedicated financial aid person to provide debt management counseling to CAM students; this person would be accessible solely to medical students and would be backed up by the other financial aid experts in the university office of financial aid.

Policies for the refund of tuition and allowable payments were available to the subcommittee for review and there was agreement these were clear and reasonable.

The subcommittee was aware of the many programs at the university to assist students with deriving a work-life balance that mitigate pressure in an intense academic environment. The comprehensive list of services to facilitate students’ adjustment to medical school was reviewed by the subcommittee with approval. Personal counseling is another service that will be available to medical students during the entire four-year program, and the subcommittee noted it was easily accessible and confidential in nature. The plans for “academic success coaching”, especially for first-year students in need of additional assistance to acclimate to the demands of medical school, were also discussed. While these programs are not panaceas, they were viewed as good steps in getting students to make personal choices and adjustments for success based on self-awareness and willingness to seek help when needed.

The subcommittee was knowledgeable about available preventive and therapeutic health care services on offer for student support and noted the adequacy, availability and confidentiality of programs to assist students.

The subcommittee reviewed the university-provided health insurance from Aetna and praised the adequacy and availability of this plan based on prior experience. Students may waive this insurance by providing proof of coverage elsewhere and these requirements will be made clear during the application process. Affordable, comprehensive disability insurance is available through the AMA for medical students and they will be encouraged to take advantage of this program. The subcommittee agreed these plans were sufficient to assure student support for insurance needs by the CAM students.

The subcommittee supplied the immunization schedule from the CDC, which is used by HPD, and recommends a variety of vaccinations for preventive health for health care workers. The College will adopt these recommendations as made by this agency; the subcommittee noted the university website

contains all the required information for reference with identical information to appear in the student handbook.

The subcommittee reviewed the policies and processes that are proposed to ensure that a health professional who provides health services or psychiatric/psychological counseling to a medical student will have no role in that student's assessment or promotion. They noted the plans seem to be structure appropriately to separate student care from a student's academic assessment.

Confidentiality of student health records will be assured because the OASA will never have custody or access to information (immunization records, for instance, will not reside with the College, but will be reviewed by a third-party vendor for compliance and a certificate will be produced to that effect). The subcommittee agreed this would assure confidentiality.

The subcommittee noted there are existing policies for university educational programs to address student exposure to infectious and environmental hazards. The subcommittee noted these policies are comprehensive and can be easily adopted to suit the MD program.

Plans to ensure that students are appropriately educated about methods of prevention and about the steps to take in the case of exposure will be discussed in various venues; the subcommittee noted there are online modules for information on blood-borne pathogens, for example. The protocols for students to follow in case of exposure will be presented to them at Orientation via a laminated pocket-sized card, or similar method, and students will be directed to the student affairs website for back-up should they not remember to contact a supervisor after a concerning event. The subcommittee considered these plans to be adequate to address all required components in readiness for student clinical experience.

STRENGTHS AND FUTURE DIRECTIONS

Each of the self-study committees identified a number of strengths of the College. The Steering Committee, in discussions of the individual subcommittee reports and the DCI, rated the following strengths and future directions most highly.

- 1 Leadership:** The Founding Dean was recruited initially, has clearly articulated an innovative vision for program excellence, and hand selected his senior leadership team. In addition, the dean enjoys a highly supportive relationship between the university president and his cabinet and the HPD. *Future Directions:* *To ensure the College's growth and integral engagement in the community, the Dean will continue to foster and broaden relationships with regional, national, and international leaders in research and education.*
- 2 Faculty:** The curriculum design faculty leaders are enthusiastic, experienced educators and content experts at CMS. They have extensive experience in teaching in the health professions, and have served on academic faculty committees with a variety of accomplishments in scholarship and research. The creation of a new curriculum has created cohesion of purpose. There are routine exchanges of ideas and best practices and innovation is encouraged. *Future Directions:* *The College will need to ensure a thorough and thoughtful transition from CMS faculty who have designed the curriculum to the College's core teaching faculty who will be responsible for implementing it.*
- 3 Curriculum:** The College has an integrated curriculum that reflects the core principles and desired student outcomes developed by the faculty and employs a variety of learning formats and methods of student assessment, with an effective method of curriculum planning and oversight. *Future Directions:* *In anticipation of admitting a charter class, additional curricular development work must occur in the areas of: (1) mapping overall goals of the program (competencies) to session level objectives, (2) writing additional problem based learning cases, (3) selecting/developing formative and summative assessments, and (4) structuring the clinical clerkships and s/electives.*
- 4 Clinical Partner (HCA):** CAM is taking tangible steps to mature and intensify the relationship with the Hospital Corporation of America (HCA) to provide unique opportunity for system integration and enhancing excellent clinical experiences for students. *Future Directions:* *The dean and HCA must continue to execute the current plan for systems integration across the medical education continuum.*
- 5 Location:** The current marketplace in southern Florida is financially robust with room for additional health care entities and a pro-growth attitude for the health professions. There is tremendous community support for the College. Additionally, South Florida's population is growing and diverse, which will provide students with opportunities to work with a diverse patient population.

- 6 **Shared Resources:** The NSU faculty, staff, administrators and leadership have embraced the “One NSU” philosophy for shared resources on the main campus, which benefits the new College with centralized services. Shared resources with the university (e.g., student health services, the libraries, security force, parking, clinics, and many other potential benefits) will enhance the opportunities for cost sharing and promote economies of scale while engendering cooperation among faculty, students and leadership. There are adjustments and challenges associated with adding a new college to the well-established cadre of educational providers on campus. The educational program leading to the MD degree has embedded requirements for accreditation which do not meld seamlessly with existing structures and thus, there have been “growing pains” to accommodate these. *Future Directions: The College and University will continue the mutual effort to maximize efficiencies inherent in a shared resource model while being mindful of the unique needs of the College and its students. Centralized student support mechanisms (office of admissions, registrar, financial aid, etc.) will demand experienced, energetic leaders and support staff to implement required programs. Information technology staff will be of assistance in this process but may also require the acquisition of new skills for implementation.*

CHALLENGES AND FUTURE DIRECTIONS

The Steering Committee identified the following high priority challenges and future directions:

1. **Space:** The University has allocated teaching and relaxation space in the HPD Complex that will be renovated for the charter class of medical students and subsequent classes until the new medical education building is constructed. Additionally, the University has allocated contingency space, not within the HPD complex, should the renovations to the space in the HPD complex not be complete by the time the charter class begins. *Future Directions: To be ready to accept a charter class in 2018, renovations of the allocated space must be underway by fall 2017 and completed by December 2017.*
2. **Hiring and Development:** An additional 25 people (11 faculty, 8 senior administrators, and 6 support staff) are expected to be recruited by the end of August 2017. *Future Directions: While the College will certainly benefit from the infusion of new faculty and staff, a focused and rigorous on-boarding process must ensue. CAM must orient and train the groups efficiently by offering combined orientation and onboarding sessions that promote collegiality and expedite the time it takes the new recruits to become successful and productive team members. In addition to on-boarding and orienting new faculty to the university and the school, faculty development will be offered/required in the areas of problem based learning facilitation, case development, assessment methodology, and other relevant topics.*
3. **Scholarships:** The College is concerned about the adequacy of funding for scholarships and student indebtedness. *Future Directions: While the College intends to limit tuition increases, it recognizes the need to continue developing multiple strategies to minimize student*

indebtedness and employ a variety of debt counseling strategies to assist students in making informed decisions about borrowing.

4. **Communication of Expectations:** Faculty, especially joint appointees, will be challenged by CAM's academic performance standards. *Future Directions: Annual reviews of faculty teaching using new rubrics will be implemented and must be fully embraced to maximize student experiences.*

5. **Admissions:** Admissions requirements, in particular, were part of a continuing discussion of expectations for student applicants. Once the Admissions Committee is fully constituted and charged, the subcommittee recommends a review of this topic for alignment with recruiting goals for CAM. *Future Directions: If permitted to welcome the charter class in August 2018, the truncated admissions recruitment cycle for the charter class must be managed efficiently and effectively.*

6. **Policies and Procedures:** While the necessary documents for accreditation are assembled and have been vetted appropriately for planning purposes, there are policies which will require revisiting and in-depth review in anticipation of admitting a charter class. Faculty acknowledge that policies and procedures may require modification once tested more rigorously. *Future Directions: In addition to modifying existing policies, other policies must be developed and effective procedures for implementation must be designed.*

7. **Finances:** NSU is financially stable, has a healthy balance sheet, and has made substantial contributions and commitments to ensure the College is prepared to accept its charter class. The Dean recognizes the need for additional revenue to support his vision for the College in the long-term. *Future Directions: The College is pursuing an aggressive fund raising campaign and is working with its primary clinical partner to secure additional support for faculty and students.*

APPENDIX A: LIST OF SELF STUDY COMMITTEE MEMBERS

STEERING COMMITTEE MEMBERS

Paula S. Wales, EdD (Chair)	Executive Associate Dean for Academic and Student Affairs College of Allopathic Medicine
Ronald Block, PhD	Professor and Chair of Biochemistry College of Medical Sciences
Abby J. Brodie, DMD, MS	Associate Dean, Academic Affairs and Associate Professor College of Dental Medicine
Stephanie G. Brown, EdD	Vice President, Enrollment and Student Services Nova Southeastern University
Stefanie Carter, EdD	Director, Professional Affairs and Faculty Development College of Allopathic Medicine
Vincent Cimmino, MD	Chair, Admissions Committee College of Allopathic Medicine
Susan B. Collingwood, JD	Assistant Dean for Educational Standards and Quality College of Allopathic Medicine
Morton A. Diamond, MD	2012 Distinguished Professor and Medical Director, Physician Assistant Program College of Health Care Sciences
Alyssa Eason, MS	Executive Assistant College of Allopathic Medicine
Lindsey Henson, MD, PhD	Curriculum Development Advisor College of Allopathic Medicine
Harold Laubach, PhD	Dean and Professor of Microbiology College of Medical Sciences
Edwin Murdock, MD, MPH	Assistant Professor and Chair of Pathology College of Medical Sciences
Michael Parker, PhD	Professor and Chair of Pharmacology College of Medical Sciences
Irving Rosenbaum, DPA, EdD	Executive Associate Dean for Administration College of Allopathic Medicine
Wayne Schreier, PhD	Professor and Chair of Physiology and Assistant Dean for Academic Affairs College of Medical Sciences

SUBCOMMITTEE MEMBERS FOR STANDARDS 1, 2, AND 5

Irving Rosenbaum, DPA, EdD (Chair)	Executive Associate Dean for Administration College of Allopathic Medicine
Susan B. Collingwood, JD	Assistant Dean for Educational Standards and Quality College of Allopathic Medicine
Morton A. Diamond, MD	2012 Distinguished Professor and Medical Director, Physician Assistant Program College of Health Care Sciences
Alyssa Eason, MS	Executive Assistant College of Allopathic Medicine
Lindsey Henson, MD, PhD	Curriculum Development Advisor College of Allopathic Medicine
Christine Kircher, BS	Director of Finance College of Allopathic Medicine
Arnetta Pierce, BS, MBA	Director of Administrative Services and Initiatives, Office of Human Resources Nova Southeastern University
Robert Pietrykowski, JD	Vice President, Office of Human Resources Nova Southeastern University
Renee Venezia, EdD, MBA, SPHR	Executive Director, Office of Human Resources Nova Southeastern University
Paula S. Wales, EdD	Executive Associate Dean for Academic and Student Affairs College of Allopathic Medicine

SUBCOMMITTEE MEMBERS FOR STANDARD 3

Ronald Block, PhD (Chair)	Professor and Chair of Biochemistry College of Medical Sciences
Ahmad Ahmadi, DMD	Assistant Professor of Anatomy College of Medical Sciences
Michelle Demory Beckler, PhD	Assistant Professor of Microbiology College of Medical Sciences
Stefanie Carter, EdD	Director, Professional Affairs and Faculty Development College of Allopathic Medicine
Vincent Cimmino, MD	Chair, Admissions Committee College of Allopathic Medicine
Susan B. Collingwood, JD	Assistant Dean for Educational Standards and Quality College of Allopathic Medicine
Harvey Mayrovitz, PhD	Professor of Physiology College of Medical Sciences
Thomas Panavelil, PhD	Professor of Pharmacology College of Medical Sciences
Patricia Rose, PhD, RPh	Associate Professor of Pharmacology College of Medical Sciences
Annabel Vila, MD	Assistant Professor of Pathology College of Medical Sciences
Paula S. Wales, EdD	Executive Associate Dean for Academic and Student Affairs College of Allopathic Medicine

SUBCOMMITTEE MEMBERS FOR STANDARD 4

Stefanie Carter, EdD (Chair)	Director of Faculty Development and Professional Affairs College of Allopathic Medicine
Vladimir Beljanski, PhD	Assistant Professor, Cell Therapy Institute College of Allopathic Medicine
Vincent Cimmino, MD	Chair of Admissions Committee College of Allopathic Medicine
Susan Collingwood, JD	Assistant Dean for Educational Standards and Quality College of Allopathic Medicine
Adil Duri, PhD	Assistant Professor, Cell Therapy Institute College of Allopathic Medicine
Stephen Grant, PhD	Associate Professor College of Osteopathic Medicine
Kathleen Hagen, EdD	Director of Faculty Development Health Professions Division
Lindsey Henson, MD, PhD	Curriculum Development Advisor College of Allopathic Medicine
Richard Jove, PhD	Director, Cell Therapy Institute Chair, Department of Biomedical Sciences and Director of Research, College of Allopathic Medicine
Shannon Murray, PhD	Assistant Professor, NSU Cell Therapy Institute College of Allopathic Medicine
Cynthia Ruppel, PhD	Professor of Information Technology H. Wayne Huizenga School of Business and Entrepreneurship Nova Southeastern University
Elizabeth Swann, PhD, ATC, LAT	Chair and Professor of Health and Human Performance Athletic Training and Exercise and Sports Science College of Health Care Sciences

SUBCOMMITTEE MEMBERS FOR STANDARD 6

Edwin Murdock, MD, MPH (Chair)	Assistant Professor and Chair of Pathology College of Medical Sciences
W. Grady Campbell, PhD	Associate Professor of Biochemistry College of Medical Sciences
Lindsey Henson, MD, PhD	Curriculum Development Advisor College of Allopathic Medicine
Howard Kaplan, MD	Internist, Private Practice College of Allopathic Medicine
Rajkumar Nebhrajani, MD	General Surgeon, Private Practice College of Allopathic Medicine
Paula S. Wales, EdD	Executive Associate Dean for Academic and Student Affairs College of Allopathic Medicine
Dana Wallace, MD	Assistant Clinical Professor College of Allopathic Medicine
Antonio Wong, MD	Family Physician/Medical Director, Private Practice College of Allopathic Medicine
Michelle Zhao, PhD	Associate Professor of Pharmacology College of Medical Sciences

SUBCOMMITTEE MEMBERS FOR STANDARD 7

Harold Laubach, PhD (Chair)	Dean and Professor of Microbiology College of Medical Sciences
Ronald E. Block, PhD	Professor and Chair of Biochemistry College of Medical Sciences
Stefanie Carter, EdD	Director of Professional Affairs and Faculty Development College of Allopathic Medicine
Susan B. Collingwood, JD	Assistant Dean for Educational Standards and Quality College of Allopathic Medicine
Alyssa Eason, MS	Executive Assistant College of Allopathic Medicine
Richard Jove, PhD	Director, Cell Therapy Institute College of Allopathic Medicine
Nicholas Lutfi, PhD	Professor and Chair of Anatomy College of Medical Sciences
Edwin Murdock, MD	Professor and Chair of Pathology College of Medical Sciences
Michael Parker, PhD	Professor and Chair of Pharmacology College of Medical Sciences
Wayne Schreier, PhD	Professor and Chair of Physiology and Assistant Dean for Academic Affairs College of Medical Sciences
Kelley L. Davis, PhD, MS	Professor of Microbiology, College of Medical Sciences and Associate Professor of Public Health, College of Osteopathic Medicine
Paula S. Wales, EdD	Executive Associate Dean for Academic and Student Affairs College of Allopathic Medicine

SUBCOMMITTEE MEMBERS FOR STANDARDS 8 AND 9

Michael Parker, PhD (Chair)	Professor and Chair of Pharmacology College of Medical Sciences
W. Grady Campbell, PhD	Associate Professor of Biochemistry College of Medical Sciences
Stefanie Carter, EdD	Director of Professional Affairs and Faculty Development College of Allopathic Medicine
Susan B. Collingwood, JD	Assistant Dean for Educational Standards and Quality College of Allopathic Medicine
Jane Duncan, PhD	Executive Director of Assessment and Accreditation, Academic Affairs Nova Southeastern University
Alyssa Eason, MS	Executive Assistant College of Allopathic Medicine
Arlene Giczkowski, EdD	Academic Program Coordinator College of Medical Sciences
Meline Kevorkian, EdD	Associate Provost Nova Southeastern University
Patricia C. Rose, PhD, RPh, MS	Associate Professor of Pharmacology College of Medical Sciences
Paula S. Wales, EdD	Executive Associate Dean for Academic and Student Affairs College of Allopathic Medicine
Albert Whitehead, DMD, MEd	Retired Assistant Dean for Professional Development College of Dental Medicine
Michelle Zhao, PhD	Associate Professor of Pharmacology College of Medical Sciences

SUBCOMMITTEE MEMBERS FOR STANDARD 10

Wayne Schreier, PhD (Chair)	Professor and Chair, Physiology and Assistant Dean for Academic Affairs and Medical Sciences College of Medical Sciences
Cyril Blavo, DO, MS, MPH	Director of MPH Program and Professor, Public Health and Pediatrics College of Osteopathic Medicine
Vincent Cimmino, MD	Chair, Admissions Committee College of Allopathic Medicine
Susan B. Collingwood, JD	Assistant Dean for Educational Standards and Quality College of Allopathic Medicine
Harvey Feldman, MD, FACP	Professor, Physician Assistant Program College of Health Care Sciences
Jorge Han, MD, RDMS, RDCS, RVT	Program Director and Assistant Professor of Medical Sonography, College of Health Care Science
Joey Jankie	Director of Admissions and Financial Aid, Office of Admissions, Enrollment and Student Services Health Professions Division
Broderick Jones, MD	Professor of Pathology College of Medical Sciences
Barbara Martin, MD	Internal Medicine, Hospitalist Private Practitioner
Patricia C Rose, RPh, MS, PhD	Associate Professor of Pharmacology College of Medical Sciences
Liliya Ryschchak, MD, RPVI, RDMS, RVT, RCS	Assistant Professor, Medical Sonography College of Health Care Sciences
Paula S. Wales, EdD	Executive Associate Dean for Academic and Student Affairs College of Allopathic Medicine
Michelle Zhao, PhD	Associate Professor of Pharmacology College of Medical Sciences

SUBCOMMITTEE MEMBERS FOR STANDARD 11

Abby J. Brodie, DMD, MS (Chair)	Associate Dean, Academic Affairs and Associate Professor College of Dental Medicine
Susan Collingwood, JD	Assistant Dean for Educational Standards and Quality College of Allopathic Medicine
Jo Ann Kleier, PhD, EdD	Associate Dean, Research and Progression and Professor College of Nursing
Dana P. Macdonald, JD	Partner Panza, Maurer & Maynard PA
Stanley H Wilson, PT, EdD, CEAS	Dean and Associate Professor College of Health Care Sciences
Paula S. Wales, EdD	Executive Associate Dean for Academic and Student Affairs College of Allopathic Medicine
G. Elaine N. Poff (invited expert)	University Registrar, Enrollment and Student Services Nova Southeastern University

SUBCOMMITTEE MEMBERS FOR STANDARD 12

Stephanie G. Brown, EdD (Chair)	Vice President, Enrollment and Student Services Nova Southeastern University
Barry Fennell	Director, Bursar's Office Nova Southeastern University
Marla Frohlinger	Director, Professional Programs Coordination and Communications Nova Southeastern University
Evelyn Hulce	Director, Enrollment and Student Services Systems Nova Southeastern University
Paula S. Wales, EdD	Executive Associate Dean for Academic and Student Affairs College of Allopathic Medicine

APPENDIX B: GLOSSARY OF TERMS AND ABBREVIATIONS IN USE IN THE NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF ALLOPATHIC MEDICINE

Term	Abbreviation	Definition
Block	<i>Abbreviation not used.</i>	Refers to the integrated basic science courses in the pre-clerkship phase of the curriculum.
Block Director	<i>Abbreviation not used.</i>	Full-time faculty member responsible for one or more of the integrated basic science blocks in the pre-clerkship phase of the curriculum.
Block, Course, or Thread Design Director	<i>Abbreviation not used.</i>	Part-time or volunteer/affiliate faculty member responsible for initial planning of the pre-clerkship phase of the curriculum.
Merit and Promotion Committee	<i>Abbreviation not used.</i>	Faculty committee responsible for appointment and promotion of all faculty.
Course	<i>Abbreviation not used.</i>	Refers to the integrated clinical courses (Practice of Medicine I, II and III) in the pre-clerkship phase of the curriculum and non-clerkship courses in Year 4.
Course Director	<i>Abbreviation not used.</i>	Full-time faculty member responsible for one or more of the clinical courses in the pre-clerkship phase of the curriculum or a non-clerkship course in Year 4.
Clerkship Module	<i>Abbreviation not used.</i>	A 16-week period during Year 3 that includes two required clerkships (14 weeks) followed by two Reflection, Integration and Assessment (RIA) weeks.
Learning Community Mentor	<i>Abbreviation not used.</i>	One of two assigned mentors for a cohort of students from Year 1 through Year 4. Each LCM will have students from each entering class.
Assistant Dean for Admissions and Student Affairs	ADASA	Dean responsible for admissions and student affairs. Reports to the Executive Associate Dean for Academic and Student Affairs.
Assistant Dean for Community Health and Global Affairs	ADCH	Dean responsible for ensuring the expansion, maintenance, and sustainability of community-engaged initiatives that promote human health and health education both domestically and abroad. Reports to the Assistant Dean for Medical Education and Innovation.

Term	Abbreviation	Definition
Assistant Dean for Educational Standards and Quality	ADESQ	Dean responsible for continuous quality improvement for all aspects of the program leading to the MD degree. Reports to the Executive Associate Dean for Academic and Student Affairs.
Associate Dean for Faculty Development	ADFD	Dean responsible for faculty development. Reports to the Executive Associate Dean for Academic and Student Affairs.
Assistant Dean for Medical Education and Innovation	ADMEI	Dean responsible for curriculum planning and implementation, assessment of student performance, and program evaluation. Reports to the Executive Associate Dean for Academic and Student Affairs.
American College Application Service	AMCAS	Centralized medical school application processing service, used by US medical schools as the primary application method for entering classes.
Psychiatry, Behavior and Prevention Over the Life Cycle	Behavior & Prevention	Integrated organ systems block in fall semester of Year 2 in the pre-clerkship curriculum.
Board of Trustees	BOT	Governing body of Nova Southeastern University.
College of Allopathic Medicine	CAM	Refers to Nova Southeastern University College of Allopathic Medicine.
College of Allopathic Medicine Curriculum Committee	CAM-CC	Curriculum Committee for all aspects of the MD Program. During the planning period, this committee also has served many functions that will be the responsibility of the Faculty Council when it is formed.
Curriculum Integration and Evaluation Subcommittee	CC-CIE	Responsible for review of the curriculum as a whole, including vertical and horizontal integration; reports to CAM-CC.
Clerkship Subcommittee	CC-CS	Curriculum Committee for the clerkship phase (Years 3 and 4); reports to the CAM-CC and provides representatives to that committee.
Learning Resources Subcommittee	CC-LRS	Committee that provides input on library collections/services and development and implementation of technology to support the MD program; reports to the CAM-CC.

Term	Abbreviation	Definition
Pre-Clerkship Subcommittee	CC-PCS	Curriculum Committee for the pre-clerkship phase (Years 1 and 2); reports to the CAM-CC and provides representatives to that committee.
Center for Collaborative Research	CCR	Research facility adjacent to NSU's Health Professions Division complex equipped with wet and dry labs and core facilities in genomics, flow cytometry, cell therapy, and imaging.
Cardiovascular, Pulmonary and Renal	CPR	Integrated organ systems block in spring semester of Year 1 in the pre-clerkship curriculum.
Clinical Skills	CS	Teaching sessions in the Practice of Medicine courses in the pre-clerkship phase of the curriculum focusing on teaching core clinical skills with standardized patients and faculty supervisors.
Executive Associate Dean for Academic and Student Affairs	EADASA	Dean responsible for all aspects of the program leading to the MD degree. Reports to the Dean.
Endocrine and Reproductive	Endo/Repro	Integrated organ systems block in fall semester of Year 2 in the pre-clerkship curriculum.
Fundamentals	Fundamentals	Integrated basic science block at the beginning of fall semester of Year 1. Includes all core basic science disciplines.
Gastrointestinal and Human Nutrition	GIHN	Integrated organ systems block in fall semester of Year 2 in the pre-clerkship curriculum.
Hypothesis Driven Physical Examination	HDPE	Approach to teaching the basic history and physical examination in the first Practice of Medicine course in the pre-clerkship curriculum.
Hematology	Heme	First integrated organ systems block in the pre-clerkship curriculum, immediately after Fundamentals. Student PBL groups and facilitators from Fundamentals continue through this block.
Health Professions Division	HPD	NSU's interdisciplinary center that includes Colleges of Osteopathic Medicine, Pharmacy, Dentistry, Optometry, Health Care Sciences, Nursing, and Medical Sciences. The College of Allopathic Medicine will be its eighth College.

Term	Abbreviation	Definition
Interprofessional Collaboration	IPC	Curricular thread in the MD curriculum that will involve NSU students from CAM and the other health professions Colleges.
Medical Student Performance Evaluation	MSPE	Summary of student performance throughout medical school, prepared in fall of Year 4 as part of application for residency (previously called the “Dean’s Letter”).
Neuroscience, Musculoskeletal, and Integumentary	NMSK	Integrated organ systems block in spring semester of Year 1.
Nova Southeastern University	NSU	Private, not-for-profit university founded in 1964; now has 9 campuses and approximately 23,000 students. College of Allopathic Medicine is housed in the Health Professions Division on the main Fort Lauderdale/Davie campus.
Office of Admissions and Student Affairs	OASA	Administrative office that manages the admissions process and supports students, including formal and informal advising and student organizations.
Office of Curricular Affairs	OCA	Administrative office that manages and supports blocks, courses and clerkships, student assessment, and program evaluation.
Office of Medical Education	OME	Administrative office that reports to the EADASA. Includes all offices/staff led by the deans who report to the EADASA.
Objective Structured Clinical Examination	OSCE	Performance-based testing used to measure clinical competence in which students interview, examine, and counsel standardized patients.
Problem Based Learning	PBL	Student-directed case-based learning groups in basic science blocks in Years 1 and 2.
Practice of Medicine	POM	Clinical courses in Year 1 (POM I and POM II) and Year 2 (POM III).
Quality and Policy Committee	QPC	Committee responsible for supporting individuals, offices and committees charged with continuous quality improvement for all aspects of the program leading to the MD degree.

Term	Abbreviation	Definition
Reflection, Integration and Assessment Week(s)	RIA	Weeks at the end of each block in the pre-clerkship curriculum and at the end of each clerkship module that will include assessments of student performance followed by reflective exercises and other sessions related to the curricular threads or student support/mentoring. Designed for student to “pass, pause, and reflect” before entering the next period of study.
Science of Clinical Practice	SCP	Part of Practice of Medicine courses in the pre-clerkship curriculum, with continuity groups of 7-8 students and a faculty facilitator. Discussions and problem sets focus on curricular threads.
Student Medical Center at Nova Southeastern University	SMC	Provides health services to CAM students on the NSU campus.
Student Progress and Advising Committee	SPAC	Promotions Committee. Reviews each student for promotion to subsequent year; acts on recommendations from block/course/clerkship directors and OASA for remediation plans for students in academic or professional difficulty.
United States Medical Licensing Examination	USMLE	National U.S. medical licensing exams; NSU CAM students must pass Steps 1, 2 CK and 2 CS to be promoted and graduate from medical school.